

Abram Chase Hatch
Family

20 Add pict. of home

.....
(Street and No.)
for (illness) or (injury) sustained
I hereby assign to said Doctor the benefits
CAL EXPENSE under Policy No.....
with.....
expense.

I agree that, should the amount be insuffi

Alumni Association of the
ty of Utah School of Medicine
cordially invites you to
Reunion Weekend
May 5-6, 1995

